

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. postponements) should not be made on this form.



COURT OF APPEALS    COURT OF SPECIAL APPEALS  
 CIRCUIT COURT    DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County

Located at \_\_\_\_\_  
Court Address

STATE OF MARYLAND  
or

Case No. \_\_\_\_\_

Plaintiff/Petitioner

VS.

Defendant/Respondent

**REQUEST FOR ACCOMMODATION BY PERSONS WITH DISABILITIES**

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

Name of Applicant: \_\_\_\_\_

Applicant is:  Party    Witness    Juror    Attorney    Victim  
 Family Member or Guardian of a Victim    Other

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

1. Type of court proceeding:  Criminal    Civil    Traffic    Juvenile    Other: \_\_\_\_\_

2. Hearing/Trial date: \_\_\_\_\_ Time: \_\_\_\_\_

3. Nature of disability related impairment (specify): \_\_\_\_\_

4. Type of accommodation(s) requested. Be specific: \_\_\_\_\_

[Note - If requesting a **sign language interpreter**, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a **spoken language interpreter**, please use form CC-DC 41.]

5. Please provide any further information that may assist the court in providing a reasonable accommodation (specify): \_\_\_\_\_

I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

Date

Signature of Applicant/Applicant's Representative

Applicant/Applicant's Representative's Address

Telephone No.

The clerk's office and the ADA Coordinator are available to provide further assistance.

The request for accommodation is GRANTED; or  
 Alternate accommodation(s) GRANTED (specify): \_\_\_\_\_

The request for accommodation is DENIED.  
 Applicant does not qualify under the ADA.  
 It fundamentally alters the nature of the service program or activity as defined by the ADA.  
 It creates an undue burden on the court as defined by the ADA.

Date

Judge/Administrative Official

If you disagree with this decision, you can file a Grievance. (Form CC-DC 50 is available for this purpose.)